## State of Hawaii Public Utilities Commission Telecommunications Relay Services Carrier Remittance Worksheet For the Period July 1, 2008 - June 30, 2009

SECTION A	CARRIER IDEN	TIFICATION		
Date:	Company Code: HW000			
Company Name:		Joinpany Joues		
Mailing Address:				
Email Address:				
Phone Number:	( )			
SECTION B	REMITTANCE CA	LCULATION		
Gross Revenues	(Based on Prior Calendar Year)	2007)		
(e.g., Current year is 2008; Report revenues from 1/1/2007 – 12/31/2007) (Amount should match gross revenues reported for Hawaii PUC Fee purposes, HRS § 269-30)				
2. Less: Revenue Adjustments (describe, see Section E)			< >	
3. Gross Intrastate Retail Revenues				
4. Hawaii TRS Contribution Factor			.0008	
5. Gross Hawaii TRS Assessment (line 3 x line 4)				
6. Greater of line 5 or \$8.00 (minimum due)				
If Line 6 is less than \$1,200, this is your annual contribution to the TRS Fund for the period beginning July 1st of the				
current year to June 30 <sup>th</sup> of the following year. Please pay the amount on line 6, in full, by July 26 <sup>th</sup> of the current year.				
Send your remittance with a copy of this worksheet to the address listed below.				
If Line 6 is \$1,200 or more, continue to line 7 below.				
OFOTION O	MONTHLYCON	FRIRITION		
7. Divide line 6 by	MONTHLY CON	RIBUTION		
		he period beginning July 1 <sup>st</sup> of	the current year to June 30 <sup>th</sup>	
Line 7 is your first monthly contribution to the TRS Fund, for the period beginning July 1 <sup>st</sup> of the current year to June 30 <sup>th</sup> of the following year. Send your 1 <sup>st</sup> monthly remittance with a copy of this worksheet to the address listed below.				
Please pay the amount	on line 7 by July 26 <sup>th</sup> . Solix Inc. will tl	nen send you a bill for the rema	ining eleven monthly	
payments.				
SECTION D  CERTIFICATION  Under penalties as provided by law, I certify that I am duly authorized to verify the foregoing information contained				
herein and that the information is true and correct to the best of my knowledge and belief.				
		,		
Date	Officer Name	Officer Signature	Officer Title	
Date	Contact Name	Contact Phone	Contact Title	
Date	Comaci radiio	Oomaact Hono	Contact Hito	
Qı	estions???	Make checks	s payable to	
Hawaii TRS Administrator		"Hawai		
Solix Inc.		and send with worksheet to:		

Attn: Hawaii TRS Administrator

Solix Inc.

100 S. Jefferson Road, P.O. Box 902 Whippany, NJ 07981

100 S. Jefferson Road, P.O. Box 902

Whippany, NJ 07981

Phone (973) 581-7693

Fax (973) 599-6504

Company Name:	Company Code: HW000	
SECTION E DETAILS CONCERNING REVEN	NUE ADJUSTMENT(S)	
If revenue adjustment(s) are not explained here, amour	its deducted may be disallowed and	
proposed assessments may be prepared against you.		
Describe amounts deducted from Gross Revenues to o		
Intrastate Retail Revenues (list):	Amount	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	TOTAL	